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DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVINGDivision of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

August 2, 2018

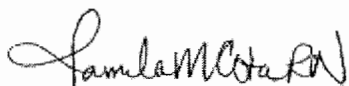
Ms. Sarah Holm, Manager  
Pillsbury Manor - South  
20 Harbor View Road  
South Burlington, VT 05403-7850

Dear Ms. Holm:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 3, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

Manor South  
Pillsbury

PRINTED: 07/12/2018  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/03/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PILLSBURY MANOR - SOUTH

20 HARBOR VIEW ROAD  
SOUTH BURLINGTON, VT 05403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R100 Initial Comments:

R100

An unannounced re-licensing survey and investigation of four entity self-reports and two complaints, were completed by the Division of Licensing and Protection from 7/2-3/18. Based on information gathered, the following regulatory deficiencies were identified.

Please see attached Plans of Correction.

R123 V. RESIDENT CARE AND HOME SERVICES  
SS=D

R123

5.4 Refunds

5.4.a When a resident is discharged, the resident shall receive a refund, within 15 days of discharge, for any funds paid in advance for each day care was not provided. In the case of a discharge to a hospital or other temporary placement, the effective date for this provision shall be the day the home is notified the resident will not be returning. For the purposes of providing refunds, "day of discharge" shall be considered the day the resident's room is empty of the resident's belongings, if those belongings are too large or difficult for the home to store temporarily. The facility shall temporarily store small items such as clothing and other personal items if necessary.

This REQUIREMENT is not met as evidenced by:  
Based on closed medical record review and staff interviews, the residential care home (RCH) failed to assure that 2 of 2 residents (Resident # 4 and # 5) or their estates received refunds due them within 15 days of discharge. The specifics are detailed below:

Per medical record review, both Resident # 4 and # 5 or their Powers of Attorney signed their

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6895

EQ0411

If continuation sheet 1 of 7

7/19/18

Saunders  
covering manager pillsbury

R123-R181 fcc accepted 8/2/18 JHsmrkd/pmc

Division of Licensing and Protection

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R123	Continued From page 1  respective admission agreements on admission to the RCH. The agreement contains the statement that any refund owed the resident at the time of discharge will be refunded within 15 days of the date of discharge. Resident # 4 was discharged on 2/3/2018 with a refund due. Resident # 5 was discharged on 2/08/2018 with a refund due. There is documentation in the financial report, in the medical record and in correspondence between the home and the responsible parties that there is "no dispute about the money owed." During phone interviews with the responsible parties on 7/2 and 7/3/2018, neither has received any refunds. This is confirmed during interview with the Financial Director on 7/2/2018.	R123		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.5 General Care  5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.  This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interviews and observations, the residential care home failed to assure that 1 of 8 residents (# 5) received care or treatments consistent with physician orders. The specifics are detailed below:  Per medical record review, Resident # 5 had physician orders for continuous oxygen at 1-2 liters per minute, with assistance from staff to change from tank to concentrator after returning	R128		



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R128	Continued From page 2  to his/ her room from meals. The documentation in the medical record reflects that staff assistance was missed on 7 evenings (1/1, 1/3, 1/8, 1/12, 1/13, 1/16 and 1/17/2018). This is confirmed during interview with the charge nurse on 7/3/2018.	R128		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:  (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors.  This REQUIREMENT is not met as evidenced by: Based on medical record review and staff	R171		

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R171	Continued From page 3  interviews, the residential care home failed to perform the required side effect screening for antipsychotic use for 1 of 8 residents in the sample (Resident # 1). The specifics are detailed below:  Per medical record review, Resident # 1 had physician orders for the antipsychotic medication, Risperidone, twice daily by mouth. An additional order is given for an as needed (prn) dose daily. There is no evidence to support that an AIMS (Abnormal Involuntary Movement Scale) assessment or other accepted assessment was conducted by the staff in January of 2018. The July assessment would not be due until later in the month. There is no evidence to support that other assessment tools were utilized to determine if Resident # 1 was developing side effects from receiving Risperidone. Resident # 1 has been receiving this medication for behaviors of anxiety, paranoia, anger and agitation since 9/10/2014. The interim nursing manager confirms during interview on 7/3/2018, that this assessment for potential side effects was not performed as indicated.	R171		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:	R179		

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R179	<p>Continued From page 4</p> <p>(1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that staff complete at least twelve hours of training each year for each staff person providing direct care to residents for four of five employees in the applicable sample. Additionally, three of five employees did not show evidence of training in all mandatory topics. Findings include:</p> <p>1. Four of five employees in the sample had not completed annual training to equal at least twelve hours, based on review of records provided.</p> <p>2. Three of five employees in the sample had no evidence of completing annual training in resident rights, fire safety and emergency evacuation, resident emergency response procedures, or policies and procedures regarding mandatory reports of abuse, neglect, and exploitation.</p>	R179		



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R179	Continued From page 5  3. Two of five employees in the sample had no evidence of completing annual training in respectful and effective communication.  4. One of five employees in the sample had no evidence of completing annual training in infection control procedures.  The interim manager confirmed during interview on 7/3/18 at approximately 12:30 PM that the facility could not at this time provide further evidence of mandatory training hours and topics for the employees in the sample.	R179		
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.	R181		

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STATE FORM

6399

EOO411

If continuation sheet 6 of 7

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R181	Continued From page 6  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide evidence that one of five employees in the applicable sample was screened for criminal background prior to employment. Findings include:  During review of pre-employment background checks for a sample of five employees, the facility did not show evidence that one employee had been screened for misuse of funds or property, bodily injury or theft, or other crimes inimical to the public, as required. This was confirmed by the business manager on 7/2/18 at approximately 2:30 PM.	R181		



R 123: - Resident refunds have been paid out on 7/19/18. for Residents # 4 + #5

- Resident refunds will be paid out by day 15 per Resident agreement

- ED will monitor every discharge to ensure Refunds are processed by day 15.

- This will be completed by 7/31/18

R123 - All mars + tars will be signed when a Tx or medication is completed.

- Reeducation for all nurses and med techs about completing documentation at the time Tx or med was given.
- DWS will do audits of mars + tars 5x wky x one month. Then wky x 2 months.
- This will be completed by 8/20/18.



R171 - Aims test for Resident #1 has been completed.

- Any Resident with antipsychotic medication will have Aims test completed every 6 months. Reeducation will be provided to nurses.
- An Audit of Aims tests will be completed wklly x 30 days then monthly
- This will be over seen by the DON.
- Will be completed by 8/20/18



R179- - An inservice schedule has been developed to ensure that all mandatory trainings are completed annually. Also that all staff have completed 12 hrs of inservices/trainings yearly.

- An audit of the current inservicing/training will be completed.

- This will be overseen by OOD/EO

- This will be completed by 8/20/18

R 181 - - A VT background check was completed on 7/2/18 for the employee that did not have one completed.

- All employees will have background check completed before they start work. The background check will include misuse of funds or property, bodily injury or theft, or other crimes inimical to the public.

- This will be overseen by the EO.

- every new employee will have background checked by EO.

- This will be completed by 7/31/18